DIRECT ENTRY MIDWIFE BOARD
MINUTES
FEBRUARY 23, 2006

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| CONDUCTING: | Holly Richardson, Chair |
| CONVENED: | 1:00 p.m. |
| ADJOURNED: | 3:45 p.m. |
| MEMBERS PRESENT: | Vivian Giles<br>Holly Richardson<br>Suzanne Smith<br>Heather Johnston |
| MEMBERS EXCUSED: | Krista Black |
| DIVISION STAFF: | Laura Poe, Bureau Manager<br>Craig Jackson, Div Director 1:20-1:35<br>Shirlene Kimball, Secretary |

| **TOPIC OF DISCUSSION:** | **DECISIONS/RECOMMENDATIONS:** |
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| JANUARY 13, 2006 MINUTES: | Approved as written. |
| RULES: | Ms. Poe stated she would like to have the Rules re-filed by March 15, 2006. Board members reviewed the Rules and approved the definitions of appropriate provider and consultation.<br><br>The following changes were recommended:<br><br>Section R156-77-601. Standards of Practice:<br>-Move from Consultation, antepartum to Refer: Changes in the breasts not related to pregnancy or lactation.<br><br>Leave in Consultation, antepartum: mild preeclampsia defined as sustained diastolic blood pressure of 90 mm or greater in two readings at least six hours apart and 1+ to 2+ proteinurea.<br><br>Collaborate: moderate pregnancy induced hypertension defined as a sustained diastolic blood pressure of between 100 mm and 110 mm in two readings at least |

six hours apart.

Move from Refer to Mandatory Transfer: Human immunodeficiency virus or acquired immunodeficiency syndrome.

Move to mandatory transfer: diagnosed partial placenta previa at week 36, or complete placenta previa at 32 weeks.

Move from Refer to Collaborate: persistent oligohydramnious or polyhydramnios.

Under Refer, change failure to thrive to: loss of 15% of birth weight.

Move from Transfer to Mandatory Transfer: mono-amnitoic multiple gestation and twin-to-twin transfusion syndrome.

Change intrauterine growth retardation to: confirmed intrauterine growth restriction.

Add to non-reassuring fetal heart rate pattern indicative of fetal distress that does not respond to LDEM treatment.

Change maternal exhaustion to: excessive vomiting, dehydration, acidosis, or exhaustion unresponsive to LDEM treatment.

Add to mandatory transfer: Severe psychiatric illness non-responsive to treatment and remove postpartum psychosis.

Under mandatory transfer: Change full CPR for greater than two minutes to: low heart rate of less than 60 beats per minute after one complete neonatal resuscitation cycle; and also add: absent heart rate except with confirmed fetal death or congenital anomalies incompatible with life or shoulder dystocia resulting in death.

R156-77-602. Procedures for the Termination of Midwifery Care.

Add: make a reasonable effort to convey significant information regarding the client's condition to the receiving provider; and if possible, when transferring the client by ambulance or private vehicle, the LDEM accompanies the client.

Ms. Poe indicated that some of the concerns expressed by the UMA and the physicians have been addressed. Board members indicated it appears that the physicians would like to see more conditions that the LDEM can not accept.

Ms. Giles made a Motion to accept the rule changes as recommended and have the Division re-file and submit the rules for publication. Ms. Smith seconded the Motion. All Board members in favor.

LICENSURE STATS:

Ms. Poe indicated there are three individuals licensed as Direct Entry Midwifes.

NEXT MEETING:

The next meeting will be scheduled for Friday, April 14, 2006 at 1:00 p.m. A Rules Hearing will be scheduled.

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HOLLY RICHARDSON, CHAIR DATE

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LAURA POE, BUREAU MANAGER DATE